



Iowa Medicaid Newsletter Endeavors Update

A Communications Effort to Strengthen Partnerships *August 2013*

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Iowa Medicaid Director's Column

Special points of interest:

- Iowa Health and Wellness Plan Update
- Iowa Health and Wellness Plan Monthly Feature: Proposed Provider Payment
- State Innovation Model (SIM) Stakeholder Process Update
- IowaCare Transition
- Becoming a Certified Application Counselor



Welcome to the August 2013 issue of the Iowa Medicaid Enterprise (IME) Newsletter. August has been an eventful month at the IME, and major progress has been made on several key initiatives. The Iowa Health and Wellness Plan 1115 Demonstration Waivers were formally submitted to the Centers for Medicare & Medicaid Services (CMS) on August 23, 2013. This was a huge accomplishment, and moves the Iowa Health and Wellness Plan one step closer to implementation. The IME has also held several listening sessions throughout the state related to the State Innovation Model (SIM) grant and the Iowa Health and Wellness Plan. These sessions have been a wonderful opportunity to hear from our stakeholders and further collaborate on both of these exciting initiatives. It's incredibly important to us to hear from all of you, so I thank those who have been able to attend any of our recent public meetings, ask questions and be so engaged in the process. We now move into budget development for State Fiscal Year 2015, so make sure to check out the September issue of the IME Newsletter for all the details.

Inside this issue:

Iowa Health & Wellness Plan Update	2
Iowa Health & Wellness Plan Feature: Proposed Provider Payment	3
State Innovation Model Listening Sessions	4
IowaCare Transition Update	5
Medicaid Projections	5
How to Become a Certified Application Counselor	6

Stay Up-to-Date and Join Our Mailing List

Interested in learning more about the Iowa Health and Wellness Plan and the Health Insurance Marketplace? Sign-up for email notifications from the Iowa Medicaid Enterprise!

The Iowa Medicaid Enterprise is creating a new distribution list to send timely and relevant information to interested stakeholders specifically about the Iowa Health and Wellness Plan and the Health Insurance Marketplace.

If you would like to receive these email notifications, please send us an email with the subject line "subscribe" along with your name, organization, and contact information to IMECommunications@dhs.state.ia.us.

The final Iowa Health and Wellness Plan 1115 Demonstration Waivers were submitted to the Centers for Medicare & Medicaid Services (CMS) on August 23, 2013.

Iowa Health and Wellness Plan Waiver Process Update

The Iowa Health and Wellness Plan 1115 Demonstration Waivers were submitted to the Centers for Medicare & Medicaid Services (CMS) on August 23, 2013. One waiver was submitted for the Iowa Wellness Plan and one was submitted for the Marketplace Choice Plan.

The Iowa Wellness Plan will provide coverage for individuals age 19-64 with income up to and including 100 percent of the Federal Poverty Level (FPL). The Marketplace Choice Plan will offer coverage for adults age 19-64 with income 101 percent up to and including 133 percent of the FPL.

Throughout the public comment period, the Department of Human Services (DHS) received 75 comments from the advocates, stakeholder groups and the general public. Comments were reviewed closely by staff and taken into consideration while finalizing the waivers. Comments have been incorporated into the final waivers, and summaries of comments received may also be found within the waiver documents.

After submission of the waivers to CMS, there is an additional public comment period. New regulations in the Affordable Care Act (ACA) allow for a second public comment period after a state has submitted the 1115 Demonstration Waiver to CMS. The waivers will be posted on [Medicaid.gov](http://www.medicaid.gov), and individuals wishing to make additional comments may visit the site for instructions.

The IME will continue to work with CMS to finalize all details of both waivers.

In addition to the submission of the waivers, the Iowa Administrative Code (IAC) rules for the Iowa Health and Wellness Plan have been released. View the rules at: <http://www.dhs.state.ia.us/uploads/ARC.0972C.pdf>.

Below is a timeline of events related to the Iowa Health and Wellness Plan implementation.

Timeline	Event
August 23, 2013	Waivers Submitted to CMS and Iowa Administrative Code Rules Released
August 2013– March 2013	Public Outreach & Education
October 1, 2013	Beginning of Open Enrollment Period Applications Accepted
September 2013	CMS Public Comment Period
December 31, 2013	IowaCare Program Ends
January 1, 2014	Iowa Health and Wellness Plan Coverage Begins

For all the latest information on the Iowa Health and Wellness Plan, and to access the waiver documents as submitted to CMS, visit:

<http://www.ime.state.ia.us/iowa-health-and-wellness-plan.html>.

Iowa Health and Wellness Plan Feature: Provider Payment Structure

In order to help educate stakeholders about all aspects of the new Iowa Health and Wellness Plan, each month *Endeavors Update* will highlight a specific feature or policy related to the plan. This month's feature will focus on the proposed provider payment structure for the Iowa Wellness Plan participating providers. As a reminder, the Iowa Health and Wellness Plan consists of two delivery options, the Iowa Wellness Plan and the Marketplace Choice Plan.

The IME has recently proposed a payment structure for providers who will serve the Iowa Wellness Plan population (0-100 percent of Federal Poverty Level). Members enrolled in the Marketplace Choice Plan will use the commercial health plan network and provider payment methodologies.

The Iowa Wellness Plan aims to promote access to care and member engagement. The access goal centers around helping members find a primary care provider (PCP) to serve as their point of contact into the health care system for treatment, referrals and basic care coordination.

In the Iowa Wellness Plan, members will select, or be assigned a PCP upon enrollment. The physicians and advanced registered nurse practitioners (ARNP) available for selection will be contracted with Iowa Medicaid, similar to how current MediPASS providers are contracted today. The PCPs will be paid on a fee-for-service basis for all covered services.

In addition, PCPs will be eligible for three additional types of payment above the regular fee-for-service payment.

Primary Care Case Manager Monthly Payment	Wellness Exam Incentive	Wellness Plan Medical Home Value Index Score Bonus
\$4 Per Member Per	\$10 Per Member Annually	Up to \$4 Per Member Per

All PCPs who are contracted as an Iowa Wellness Plan PCP will receive the \$4 PMPM for all assigned Iowa Wellness Plan members. This is similar to the MediPASS payment process in place today.

The additional payments can be received as bonuses. To receive the Wellness Exam Incentive, a PCP must conduct a preventive exam for 85 percent or more of assigned members who have been assigned to them for at least six months. If the exam is conducted for that population, the PCP can receive an additional \$10 per member annually.

The final bonus is a quality improvement measure based on outcome over the baseline and is tied to the development of Accountable Care Organizations.

To learn more about the proposed provider payment structure for the Iowa Wellness Plan, see the presentation given to the Medical Assistance Advisory Council (MAAC) at:

<http://www.dhs.state.ia.us/uploads/WellnessPlan%2008-13-13.pdf>.



Marni Bussell
SIM Project Manager

"It's been great to work with so many community leaders collaborating to design a transformed health care delivery system. I'm looking forward to the final recommendations."

State Innovation Model Update: Listening Sessions

Throughout August, a variety of stakeholder meetings were held related to the State Innovation Model (SIM) grant. The workgroup meetings continued, and each group is making excellent progress in developing recommendations for the final report to be submitted to the Centers for Medicare & Medicaid Services (CMS) once completed.

During meetings, stakeholders further developed the workgroup-specific strategy and discussed a variety of topics impacting the health care delivery system in Iowa.

One final meeting remains for all four workgroups in the first week of September. The four workgroups are focused on: Metrics and Contracting, Long-Term Care Integration, Mental Health/Substance Abuse and Member Engagement.

In addition to the workgroup sessions, Iowa Medicaid held a variety of listening sessions throughout the state in August. These listening sessions have focused on the SIM grant and process, and have also included information on the Iowa Health and Wellness Plan.

Sessions have been held in Ottumwa, Newton, Council Bluffs and Cedar Rapids.

Two listening sessions remain in September:

- September 17, 2013, from 1:30 p.m. – 3:30 p.m. at Iowa Central-East Campus, Triton Room, 2031 Quail Ave., Fort Dodge, IA
- September 20, 2013, from 10:00 a.m. – 12:00 p.m. at Cedar Valley Community Church, 3520 Ansborough Ave., Waterloo, IA

To learn more about the SIM grant process, visit:

<http://www.ime.state.ia.us/state-innovation-models.html>.

Adult Quality Measures Grant

On December 21, 2012, CMS launched the *Adult Medicaid Quality Grant Program: Measuring and Improving the Quality of Care in Medicaid*. This two-year grant program is designed to support state Medicaid agencies in developing staff capacity to collect, report, and analyze data on the [Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid](#). The grant has three key goals:

1. Testing and evaluating methods for collection and reporting of the Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid in varying delivery care settings.
2. Developing staff capacity to report the data, analyze, and use the data for monitoring and improving access and the quality of care in Medicaid.
3. Conducting at least two Medicaid quality improvement projects (QIP) related to Initial Core Set Measures.

In line with the goals of this program, the Iowa Medicaid Enterprise (IME) has selected the first of two QIPs which focuses on reducing short-term complications of diabetes. The goal of this QIP is to reduce this admission rate by 10 percent by December 20, 2014. The IME has issued [Informational Letter 1264](#) detailing this QIP and a [Frequently Asked Questions](#) document that provides more information.

IowaCare Transition Update

On August 16, 2013, the Department of Human Services (DHS) submitted the completed IowaCare Transition Plan to the Centers for Medicare & Medicaid Services (CMS). The transition plan outlined details of the program shut-down process, including member outreach, provider outreach, and administrative tasks.

The transition plan is now being reviewed by CMS, and DHS continues to work through the process to ensure the program end runs smoothly and members are re-enrolled in new coverage. Additionally, as required in Senate File 446, a copy of the IowaCare transition plan will be submitted to the Governor's Office and the Iowa Legislature on September 1, 2013.

Member outreach and education also began in August. All IowaCare members were mailed a flyer explaining that the IowaCare program will end on December 31, 2013. This was the first of several mailings planned for the fall of 2013, and provided high-level information for members. As the open enrollment period approaches, additional member mailings will be sent with specific instructions on how to apply for new coverage options available through the Iowa Health and Wellness Plan and the Health Insurance Marketplace. View a copy of the member flyer at: http://www.dhs.state.ia.us/uploads/IowaCareFlyer_FINAL_08162013.pdf

View a copy of the transition plan submitted to CMS at:

http://www.dhs.state.ia.us/uploads/IowaCare_TransitionPlan_FINAL.pdf.

Monthly Medicaid Projections Update

The Medicaid forecasting group did not meet in July so the SFY13 – SFY15 midpoint estimates remained unchanged from the prior month. These estimates are summarized below.

	Medicaid Forecasting Group Midpoint Estimates		
	SFY13	SFY14	SFY15
State Revenue	\$1,417,044,638	\$1,443,478,262	\$1,420,020,314
State Expenditures	\$1,409,044,638	\$1,474,478,262	\$1,543,020,314
Year-End Balance	\$8,000,000	(\$31,000,000)	(\$123,000,000)

The anticipated SFY15 need is substantial, but this is primarily driven by factors other than program growth. These factors include:

SFY14 Ending Balance

The amount of funding appropriated in SFY14 is \$31 million less than projected spending. This negative balance is contributing to the \$123 million need in SFY15.

State Revenue Reductions

The amount of state revenue available from non-general fund sources is expected to be \$23.5 million less in SFY15 than in SFY14. This revenue will need to be replaced with general funds in SFY15.

Federal Match Rate Reductions

The federal government is expected to contribute \$35 million less towards the cost of Iowa's Medicaid program due to assumed declines in the federal match rate. This federal reduction will need to be replaced with state funds. These three factors account for \$89.5 million of the anticipated SFY15 need. This additional funding will be necessary even if total Medicaid spending in SFY15 remains unchanged from SFY14.

“Very clear and engaging, easy to follow. I’m very glad I came, I wasn’t sure I really needed the basics and glad I decided to check it out”
-Medicaid Provider in Clarinda, IA

Annual Provider Training Wrap Up: Reached 4,046 Providers

The Iowa Medicaid Enterprise (IME) concluded its 2013 Annual Provider Training sessions on Thursday, August 8, 2013. The two-day sessions started on May 13 in Ottumwa and concluded with a four-day session in Des Moines on August 8. The program was held in 16 communities across the state, reaching 4,046 providers.

Based on increasing provider participation and interest in the sessions over the years, the presentations were designed to give participating Medicaid providers relevant and up-to-date information on Medicaid programs and services. “Iowa Medicaid: The Basics” provided a general program overview as well as discussions on upcoming changes such as; ICD-10 and the phasing out of the IowaCare program on December 31, 2013.

The sessions also guided attendees on Medicaid policies relating to nursing facilities and their coordination with hospice agencies, and the Medicaid documentation requirements found in the Iowa Administrative Code (IAC). The sessions afforded providers the unique opportunity to engage in face-to-face Q&A sessions with IME representatives. The IME was represented by Misty Peters, Sabrina Johnson, Rachel Johnson, and Bryan Dempsey of the IME Provider Services Unit.

How to Become a Certified Application Counselor

The Centers for Medicare & Medicaid Services (CMS) has recently released additional guidance regarding Certified Application Counselors. A Certified Application Counselor is a volunteer who works within their community to help individuals complete health care coverage applications, for both public and private options available through the new Health Insurance Marketplace.

Various organizations are able to apply to be counselors. Work will begin October 1 at the start of the open enrollment period.

Many stakeholders have expressed interest in becoming Certified Application Counselors, and Iowa is working diligently to develop the infrastructure for the federal Certified Application Counselor program in our state.

To become a Certified Application Counselor, your organization will need to complete the [federal application](#). Additional coordination of training and other components of the program will be supported by the Iowa Insurance Division, Iowa Department of Human Services and Iowa Department of Public Health.

Learn more about the Health Insurance Marketplace at:

[Marketplace.CMS.gov](#): If you’re a professional learning about the Marketplace and helping people apply, get the latest resources here.

[HealthCare.gov](#): If you’re a consumer ready to learn about and buy health insurance through the Marketplace, visit the official consumer site.

Two Special MAAC Meetings Held in August

Several special meetings of the Medical Assistance Advisory Council (MAAC) were held in August to review important topics and initiatives at Iowa Medicaid.

The first special meeting of the MAAC focused on reviewing the proposed program integrity rules. The proposed rules will be filed with a January 1, 2014, effective date. The program integrity rules are intended to make more explicit that certain Medicaid debts are non-dischargeable in bankruptcy proceedings. Medicaid Director Jennifer Vermeer reviewed the rules along with representatives from the State Attorney General's office, and the Medicaid Program Integrity Director.

The second special meeting of the MAAC focused on the Iowa Health and Wellness Plan. The MAAC reviewed the proposed provider payment structure and member healthy behaviors program for the Iowa Health and Wellness Plan. Director Vermeer outlined the proposed structure and listened to feedback from MAAC members. View the presentation at:

<http://www.dhs.state.ia.us/uploads/WellnessPlan%2008-13-13.pdf>

"Health Home Happenings" Newsletter

The Iowa Medicaid Enterprise is producing a regular newsletter for Health Home providers in order to share important information with Health Homes so they can be as successful as possible. See highlights of the second edition below and check out the newsletter for further information and to learn how to subscribe.

Click here to read the newsletter:

http://www.dhs.state.ia.us/uploads/HH_JulyNewsletter.pdf.

Regular Feature: Informational Letters: July 2013

The Iowa Medicaid Enterprise publishes provider bulletins, also known as informational letters, to clarify existing policy details or explain new policy. Bulletins are posted on a website. The "Endeavors Update" will highlight informational letters released in the preceding month. Topics of July 2013 informational letters included:

- 1270 Birth Control Service Fee-SE Modifier
- 1269 Update to Prior Authorization Required for Swing Bed Admission and Continued
- 1268 Replenishment of Limited Emergent Hospital Coverage for IowaCare
- 1266 Proper Claim Submission for Medicare Psychiatric (psych) Reduction Copayments
- 1265 HCBS Rate Changes Effective July 1, 2013
- 1264 Diabetes Quality Improvement Program
- 1263 Iowa Medicaid Enterprise ICD-10 Provider Readiness Survey
- 1262 Rate Changes Effective July 1, 2013
- 1261 Habilitation Transition to the Iowa Plan Member Enrollment and Service Authorization
- 1260 Elective C- Section Coverage and Payment Follow Up

View the complete list of informational letters by year at:

<http://www.ime.state.ia.us/ProvidersBulletins.html>



Iowa Medicaid programs serve Iowa's most vulnerable population, including children, the disabled and the elderly.

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<http://www.ime.state.ia.us/>

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The Iowa Medicaid Enterprise (IME) is an endeavor, started in 2005, to unite State staff with "best of breed" contractors into a performance-based model for administration of the Medicaid program.

The Medicaid program is funded by State and Federal governments with a total budget of approximately \$4 billion. The \$4 billion funds payments for medical claims to over 38,000 health care providers statewide.

Iowa Medicaid is the second largest health care payer in Iowa. The program is expected to serve over 698,000 Iowans, or 23%, of the population in State Fiscal Year 2013.

Iowa Medicaid Upcoming Events:

- September 4: **SIM Workgroup Meeting for Metrics and Contracting and Member Engagement**
[See full schedule here](#)
- September 5: **SIM Workgroup Meeting for Long Term Care and Mental Health/Substance Abuse**
[See full schedule here](#)
- September 17: **SIM Listening Session in Fort Dodge**
[See full schedule here](#)
- September 20: **SIM Listening Session in Waterloo**
[See full schedule here](#)
- October 1: **Health Insurance Marketplace Open Enrollment Period Begins**
[Learn more here](#)
- October 2: **Drug Utilization Review Meeting**
[Learn more here](#)
- October 18: **Clinical Advisory Committee Meeting**
[Learn more here](#)
- October 21: **hawk-i Board Meeting**
[Learn more here](#)

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